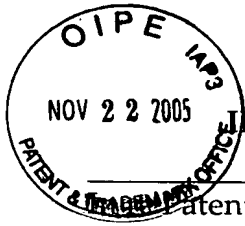


Docket No.: N9810.0032/P032  
(PATENT)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application of:  
Harry A. Dugger, III

Application No.: 10/663,817

Confirmation No.: 4051

Filed: September 17, 2003

Art Unit: 1616

For: BUCCAL, POLAR AND NON-POLAR  
SPRAY OR CAPSULE

Examiner: M. Haghighatian

**AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

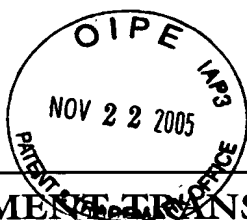
Dear Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated July 8, 2005, please amend the above-identified U.S. patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.



<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. N9810.0032/P032	
Application No. 10/663,817-Conf. #4051	Filing Date September 17, 2003	Examiner M. Haghighatian	Art Unit 1616	
Applicant(s): Harry A. Dugger, III				
Invention: BUCCAL, POLAR AND NON-POLAR SPRAY OR CAPSULE				
<b>TO THE COMMISSIONER FOR PATENTS</b>				
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.				
<b>CLAIMS AS AMENDED</b>				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
<b>Total Claims</b>	16	- 20 =		x
<b>Independent Claims</b>	2	- 3 =		x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Extension for response within second month				225.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>				<b>225.00</b>
<input type="checkbox"/> Large Entity <span style="float: right;"><input checked="" type="checkbox"/> Small Entity</span>				
<input type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u> as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
James W. Brady, Jr. Attorney Reg. No.: 32,115  DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 2101 L Street NW Washington, DC 20037-1526 (202) 775-4786			Dated: <u>November 22, 2005</u>	